

QIO CASE SUMMARY

1. MEDICARE NUMBER		2. BENEFICIARY	
3. NAME OF QIO	TELEPHONE NUMBER	4. APPELLANT	
5. DATE OF INITIAL DETERMINATION ____/____/____	6. DATE OF RECONSIDERATION DETERMINATION ____/____/____	7. DATE OF HEARING REQUEST ____/____/____	
8. PROVIDER NAME AND TYPE			
<input type="checkbox"/> HOSPITAL <input type="checkbox"/> SNF <input type="checkbox"/> HHA <input type="checkbox"/> OTHER			
PROVIDER NUMBER			
ADDRESS			
CITY		STATE	ZIP
9. ISSUE		10. AMOUNT IN CONTROVERSY	11. DATE FORWARDED TO OHA ____/____/____
12. ADMISSION DATE ____/____/____	13. DAYS OR VISITS AT ISSUE	14. NUMBER	15. DATE ____/____/____
16. INTERMEDIARY NAME			
ADDRESS			
CITY		STATE	ZIP
17. CURRENT STATUS <input type="checkbox"/> STILL PATIENT <input type="checkbox"/> DISCHARGED <input type="checkbox"/> DIED			
18. PERTINENT EVIDENCE AND DATES			
<input type="checkbox"/> HOSPITAL ADMISSION RECORD		<input type="checkbox"/> PHYSICIAN ATTESTATION	
<input type="checkbox"/> HOSPITAL DISCHARGE SUMMARY		<input type="checkbox"/> ELIGIBILITY FORM	
<input type="checkbox"/> NURSES NOTES		<input type="checkbox"/> BILLING FORM	
<input type="checkbox"/> MEDICATION CHARTS		<input type="checkbox"/> CREDENTIALS OF PHYSICIAN RECONSIDERATION REVIEWER	
<input type="checkbox"/> DOCTORS ORDERS		<input type="checkbox"/> RATIONALE FOR DETERMINATION WITH CORRESPONDING STATUTE/REGULATION	
<input type="checkbox"/> DOCTORS PROGRESS NOTES		<input type="checkbox"/> COPIES OF PRIOR DENIAL/RECONSIDERATION NOTICES (<i>for waiver of liability</i>)	
<input type="checkbox"/> PHYSICAL THERAPY NOTES		<input type="checkbox"/> COPIES OF CRITERIA/MANUAL PAGES SUPPORTING DECISION, IF NECESSARY	
<input type="checkbox"/> HOSPITAL TO SNF TRANSFER FORM		<input type="checkbox"/> OTHER (<i>i.e., M.D. Letters, Consultant's Reports, Lab Tests, Graphic Charts, Etc.-Please Specify</i>) _____	
<input type="checkbox"/> HISTORY AND PHYSICAL			

19. COMMENTS AND OTHER PERTINENT FACTS

A. REPRESENTATIVE ☐ YES ☐ NO

B. COMPLETED APPOINTMENT OR REPRESENTATIVE FORM..... ☐ YES ☐ NO